



MEMBERSHIP TYPE: Individual Agency/Organization/Group

Primary Contact Name: _____

(Note: This individual will receive communications, including email updates, sent from NCADSA.)

Business Name _____

Physical Address/City/State/Zip _____

Mailing Address/City/State/Zip _____

Phone _____ E-Mail: _____

Website _____

Certified Adult Day Centers Owned/Operated by the Organization _____

If AGENCY/ORGANIZATION/GROUP

Secondary Contact Name: _____

(Note: This individual will also receive communications, including email updates, sent from NCADSA.)

Address: _____

City: _____ STATE: _____ ZIP CODE: _____

Phone: _____ E-Mail: _____

MEMBERSHIP

Annual membership dues are based on the budget allocated to Adult Day Program.

Memberships are active for 12 months. Check a membership category.

- Over \$1 million: \$500
- \$500,000 - \$1 million: \$250
- \$250,000 - \$499,000: \$150
- \$100,000 - \$250,000: \$100
- Under \$100,000: \$75

- Individual/Professional: \$75
- Nonprofit Association: \$75
- Associate/Vendor: \$500

Provide the following information for additional centers on the back of this form.

Name of Center _____

Certification Type _____

Certified Occupancy _____

Date Center Opened _____

Tax Status _____

Submit credit card payments online at www.ncadsa.com or make checks payable to NCADSA, 506 Granville Corners #1, Oxford, NC 27565.

Email ncadsa23@gmail.com or call (919) 880-2924 for more information about NCADSA.